

COUNTY OF SAN LUIS OBISPO
ENVIRONMENTAL HEALTH SERVICES
P.O. Box 1489
San Luis Obispo, CA 93406

BACTERIOLOGICAL SAMPLE SITING PLAN

System Information:

Name of Facility: _____ System Number: _____
Street Address: _____ Ph. No.: _____
Mailing Address: _____ Fax: _____
Service Connections: _____ Population Served: _____ Sampling Frequency: _____

Sample Collection:

All water samples will be collected by: _____
Name of Laboratory: _____
Mailing Address: _____
State Lab Code: _____ Phone #: _____ Fax #: _____

Raw Water Sampling:

Is water continuously treated with chlorine? ☐ YES ☐ NO
Systems that provide continuous chlorine treatment are required to take samples of water prior to the addition of chlorine (raw water samples) on a yearly basis. Please list below the sources that are continuously treated and the month when raw water samples will be taken:

1. _____ Month sampled: _____
2. _____ Month sampled: _____
3. _____ Month sampled: _____

Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map? ☐ YES ☐ NO

(OVER)

BACTERIOLOGICAL SAMPLE SITING PLAN (cont.)

Sample Locations:

The following describes each routine sample location, and where follow-up (repeat) samples will be taken in the event of a "positive" routine sample:

Routine Sample Location:

1. _____
(location name or address)

Water sample will be collected from this location each month

Description: _____
(hose bibb, sink faucet, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(location name or address)

Report Prepared by: _____

Signature and Title: _____ Date: _____